

FEE TRANSMITTAL

Electronic Version v08

Stylesheet Version v08.0

Title of Invention	System for medical data collection																											
Application Number :																												
Date :																												
First Named Applicant:	Dr. Chris Maeda																											
Attorney Docket Number:																												
TOTAL FEE AUTHORIZED \$ 530																												
Patent fees are subject to annual revisions on or about October 1st of each year.																												
Filing as small entity																												
BASIC FILING FEE																												
<table border="1"><thead><tr><th>Fee Description</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr></thead><tbody><tr><td>Utility Filing Fee</td><td>2001</td><td>385</td><td>385</td></tr><tr><td colspan="4">Subtotal For Basic Filing Fees: \$ 385</td></tr></tbody></table>				Fee Description	Fee Code	Amount \$	Fee Paid \$	Utility Filing Fee	2001	385	385	Subtotal For Basic Filing Fees: \$ 385																
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EXTRA CLAIM FEES																												
<table border="1"><thead><tr><th>Fee Description</th><th>Extra Claim</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr></thead><tbody><tr><td>Total Claims : 4</td><td>0</td><td>2202</td><td>9</td><td>0</td></tr><tr><td>Independent Claims : 1</td><td>0</td><td>2201</td><td>43</td><td>0</td></tr><tr><td>Multiple Dependent Claims</td><td></td><td>2203</td><td>145</td><td>145</td></tr><tr><td colspan="5">Subtotal For Extra Claims Fees: \$ 145</td></tr></tbody></table>				Fee Description	Extra Claim	Fee Code	Amount \$	Fee Paid \$	Total Claims : 4	0	2202	9	0	Independent Claims : 1	0	2201	43	0	Multiple Dependent Claims		2203	145	145	Subtotal For Extra Claims Fees: \$ 145				
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Subtotal For Extra Claims Fees: \$ 145																												
AUTHORIZED BILLING INFORMATION																												
The commissioner is hereby authorized to charge indicated fees and credit any overpayments to:																												
Credit account number:	5992																											
Expiration Date (YYYYMMDD):	2005-01-31																											
Authorized name:	Christopher Maeda																											
Billing address:	03079																											